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Excelsior College Examination  
Content Guide for  
**Maternal & Child Nursing  
(baccalaureate)**

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# Important information to help you prepare for this Excelsior College Examination

## General Description of the Examination

The Excelsior College Examination in Maternal & Child Nursing (baccalaureate) measures knowledge and understanding of health and illness as it pertains to maternal and child nursing and to the psychodynamics of family functioning. It is based on material taught in an upper-level sequence of courses in maternal and child nursing at the baccalaureate level.

The examination tests for a knowledge of the physical, emotional, and psychosocial concepts relevant to the health care of the childbearing and childrearing family. It tests for the ability to utilize the nursing process in the delivery of health care to the individual and family in a variety of settings, and for the ability to apply principles of normal growth and development to nursing management.

## ■ Uses for the Examination

Excelsior College, the test developer, recommends granting eight (8) semester hours of upper-level undergraduate credit to students who receive a letter grade of C or higher on this examination. This recommendation is endorsed by the American Council on Education. Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing. Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable score. Before taking the exam, you should check with the institution from which you wish to receive credit to determine whether credit will be granted and/or to find out the minimum grade required for credit.

## ■ Examination Length and Scoring

The examination consists of approximately 120 four-option multiple-choice questions, some of which are unscored, pretest questions. You will have three (3) hours to complete the examination. Since you will not be able to tell which questions are being pretested, you should do your best on all of them. Scores are based on ability level as defined in the item response theory (IRT) method of exam development, rather than simply on your total number of correct answers. Your score will be reported as a letter grade.

## ■ Examination Administration

The examination is administered by computer at Prometric Testing Centers®\* throughout the United States and in Canada, American Samoa, Guam, Puerto Rico, Saipan (Northern Mariana Islands), and the Virgin Islands. The examination is also administered at approved international testing centers. To receive information concerning testing dates, locations, and fees, contact Excelsior College.

## ■ Computer-Delivered Testing

If you are testing at a Prometric Testing Center®,\* your exam will be delivered by computer. You will enter your answers on the computer using either the keyboard or the mouse.

The system used for our computer-delivered testing is designed to be as user-friendly as possible, even for those with little or no computer experience.

Instructions provided on-screen are similar to those you would receive in a paper examination booklet. In addition, before the timed portion of your examination begins, you may choose to complete a tutorial that orients you to the computer testing environment and gives you the opportunity to try each feature before using it in questions that will be scored. You will be instructed in how to use the mouse, the keyboard, and different parts of the screen. We encourage you to take advantage of this tutorial. If you have access to the Web, you can view the screens that you will see in the tutorial, or actually download a copy of a similar tutorial to practice with, from the Excelsior College Web site ([www.excelsior.edu](http://www.excelsior.edu)).

## ■ Warning About Third-Party Services

Excelsior College is a nonprofit educational service organization, and has no affiliation with, nor does it endorse or recommend, any profit-making education counseling centers. Initial counseling and advising for college degrees is usually provided FREE by degree-granting institutions. Students wishing to demonstrate college-level learning by taking Excelsior College Examinations can receive their FREE copies of the appropriate content guides by requesting them from Excelsior College.

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# Learning Resources help you prepare

Once you've selected the exams that are right for you, Excelsior College offers a number of resources to help you prepare for the exams.

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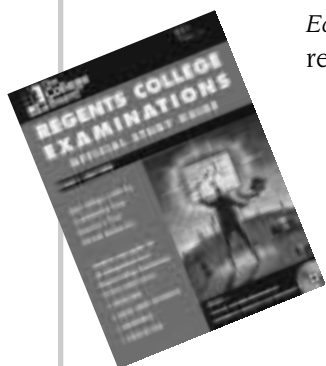
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Regents College Examinations are now called Excelsior College Examinations. The name change is just that. The examinations' titles and content remain the same, and this one-volume book continues to offer current, in-depth information for all undergraduate-level examinations in nursing, arts and sciences, education, and business administered through September 30, 2001. The updated *Excelsior College Examinations Official Study Guide – 2002 Edition* will be available in July 2001. This comprehensive guide is the best study resource for revised and new examinations administered beginning October 1, 2001.

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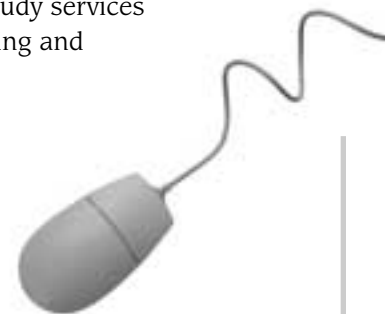
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## *Online Resources Available too!*

■ **Electronic Peer Network (EPN)** is a Web-based environment that enables enrolled Excelsior College students to interact academically and socially. As an EPN member, you will be able to locate a study partner, chat in real time with other students, and access other resources that may help you study for Excelsior College Examinations. Enrolled students can join the EPN by visiting the Excelsior College home page at [www.excelsior.edu](http://www.excelsior.edu) and clicking on Electronic Peer Network or by connecting directly to the EPN homepage at [GL.excelsior.edu](http://GL.excelsior.edu).

■ **Online Study Services** provide students with an opportunity to obtain help from a subject matter expert and others studying the same subject. Online study services are currently available on a fee-for-service basis to assist you with writing and statistics. Please email requests for more information about these services to the appropriate address: [write@excelsior.edu](mailto:write@excelsior.edu) or [stats@excelsior.edu](mailto:stats@excelsior.edu) or call **Learning Services** at **888-647-2388** (press 1-4-4 at the greeting). If you have suggestions for new online study services, please send an email to [learn@excelsior.edu](mailto:learn@excelsior.edu).

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# Content Outline

*The major content areas on the examination and the percent of the examination devoted to each content area are listed below.*

CONTENT AREA	PERCENT OF THE EXAMINATION
I. Nursing Management of the Childbearing Family and the Childrearing Family	10%
II. Nursing Management of Normal Pregnancy	25%
III. Nursing Management of the Family with a High-Risk Pregnancy and the Family with a High-Risk Neonate	20%
IV. Nursing Management of the Well Child and Family	20%
V. Nursing Management of the Ill Child and Family	25%
Total	100%
<b>NURSING PROCESS</b>	
I. Assessment	20%
II. Analysis	20%
III. Planning	20%
IV. Implementation	20%
V. Evaluation	20%
Total	100%

## ■ Nursing Process

The nursing process dimension indicates the stage of the nursing process to which the content of the item is predominantly related. Items are classified as relating to Assessment, Analysis, Planning, Implementation, or Evaluation.

The approximate percentage of items related to each stage is listed above. For the purposes of this examination, the stages of the nursing process are defined as follows:

- A. Assessment is the process of gathering and organizing data in relation to the client/patient's health status.
- B. Analysis is the process of synthesizing data to identify the client/patient's actual or potential health problem (nursing diagnosis).
- C. Planning is the process of determining the expected outcomes (goals) and formulating specific strategies to achieve the expected outcomes.
- D. Implementation is the process of initiating and completing nursing actions/interventions designed to move the client/patient toward expected outcomes related to health promotion, health maintenance, and health restoration.
- E. Evaluation is the process of assessing the client/patient's response to nursing care, including progress toward the expected outcome.

## ■ Note Concerning Wording of Nursing Diagnoses

The North American Nursing Diagnosis Association (NANDA) continually revises and updates its listing of diagnostic categories, defining characteristics, and etiological factors. For example, between 1989 and 1994 the term "potential for" was revised first to "high risk for" and then to "risk for." Questions on the examination that include nursing diagnoses are not intended to test your knowledge of current wording or phrasing. The questions are intended to test your ability to recognize nursing diagnoses that result from nursing assessments. For the purposes of the examination, all diagnoses should be considered correctly worded, even if a newer version of the diagnosis is being used by NANDA.

## ■ Content Area Details

In the outline below, illustrative examples are included in each content area. The content of this examination is not limited to these examples only.

In content areas IV and V, a health problem listed as an example for a particular age group may also be applicable in other age groups.

### **I. Nursing Management of the Childbearing Family and the Childrearing Family (10%)**

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- A. The family (for example: changing family roles and lifestyles, single-parent families, alternative families)
- B. Social and cultural aspects (for example: delayed childbearing, family at the poverty level, sexuality, specific ethnocultural beliefs, adolescent pregnancy)
- C. Ethical and legal considerations (for example: artificial insemination, surrogate parent, abortion, in vitro fertilization, sterilization, Pregnant Patient's Bill of Rights, Bill of Rights for Children and Teens, United Nations Declaration)
- D. Biological aspects of human reproduction (for example: reproductive anatomy and physiology, conception, contraception, embryology, fetology)
- E. Fertility and infertility (for example: crisis intervention for couples who are infertile, diagnostic testing and treatment, effect of pharmacokinetics on fertility)
- F. Prepregnancy counseling (for example: chromosomal and multifactorial abnormalities, identification of families at risk)

### **II. Nursing Management of Normal Pregnancy (25%)**

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- A. Nursing management during the antepartal period
  - 1. Psychosocial changes of pregnancy (for example: individual and family response to pregnancy, developmental tasks of the expectant family, sexuality during pregnancy, body image and self-concept changes, role changes, fantasies and fears about the unborn child, concerns about labor)
  - 2. Biophysical changes of pregnancy (for example: signs and symptoms of pregnancy, physiological changes, minor discomforts, warning signs of pregnancy complications, pharmacokinetics)
  - 3. Anticipatory guidance (for example: childbirth education classes; birthing alternatives; parenting classes; changing family structure; use of community resources; education about smoking, alcohol use, medications, substance abuse, teratogens)
  - 4. Nutritional needs of pregnancy (for example: recommended daily nutritional requirements, vitamin and mineral supplements, nutritional risk factors, sociocultural influences on diet)
  - 5. Assessment of maternal and fetal well-being (for example: ultrasonography; alpha-fetoprotein testing; Leopold's maneuvers; laboratory studies such as toxoplasmosis, rubella, cytomegalovirus, herpes virus [TORCH]; enzyme-linked immunosorbent assay [ELISA] testing; alcohol and drug screening; screening for gestational diabetes; Pap smear; blood type, hematocrit, and hemoglobin; urinalysis)

**B. Nursing management during the intrapartal period**

1. First stage (for example: database assessment, factors affecting onset, contractions, vital signs, mechanism of labor, medications, external and internal fetal monitoring, supportive care, IV therapy, fluid intake, induction of labor, epidurals, use of prostaglandins)
2. Second stage (for example: pushing techniques, vaginal or cesarean birth, vaginal birth after cesarean [VBAC], episiotomy, medications, anesthesia, emotional response, supportive care, Apgar scoring, immediate gross assessment and physical care of neonate)
3. Third stage (for example: placental expulsion, parent-infant interaction, medications, initial breast-feeding)
4. Fourth stage (for example: assessment of mother, including fundus, vital signs, lochia, voiding, fluid status, possible lacerations, episiotomy, cesarean site, emotional response; medications)

**C. Nursing management during the postpartal period**

1. Psychosocial changes (for example: attachment process, unmet expectations, parenting, changing family systems and roles, postpartum depression)
2. Biophysical changes (for example: hormonal changes; changes in fundus, lochia, breasts, bladder, bowel, perineum, extremities, nutritional status; need for medications; postoperative care)
3. Anticipatory guidance for self-care at home (for example: body image changes, rest and activity level, fatigue, physical changes, personal hygiene, need for follow-up care, sexual activity, contraception, sterilization, integration of new family member, breast-feeding, nutrition during lactation, formula feeding, comfort measures)

**D. Nursing management of the normal neonate and family**

1. Biophysical changes (for example: body system adaptations; transitional assessment [periods of reactivity]; complete physical assessment, including neurological status and gestational age; Brazelton Neonatal Behavioral Assessment Scale; screening tests)
2. Anticipatory guidance (for example: handling; positioning; bathing; cord care; circumcision care; education about normal conditions and appearance of the newborn, including skin variations, reflexes, and sleep patterns; breast-feeding; formula feeding; concerns about infant feeding; elimination patterns; parent-infant attachment)

**III. Nursing Management of the Family with a High-Risk Pregnancy and the Family with a High-Risk Neonate (20%)**

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**A. The family with a high-risk pregnancy**

1. Antepartal period
  - a. Identification of the client at risk (for example: age, parity, multiple gestation, nutritional status, economic status, health status, environmental hazards, family violence)
  - b. Assessment of fetal well-being (for example: amniocentesis, alpha-fetoprotein testing, chorionic villi sampling, nonstress testing, oxytocin challenge testing, contraction stress testing, ultrasonography, biophysical profile, maternal assessment of fetal activity)
  - c. High-risk conditions (for example: hemorrhagic conditions of early and late pregnancy; incompetent cervix; ABO incompatibility; Rh isoimmunization; pregnancy-induced hypertension [PIH]; cardiac conditions, diabetes mellitus, hyperemesis gravidarum;



toxoplasmosis, rubella, cytomegalovirus, herpes virus [TORCH]; chlamydia; HIV; acquired immunodeficiency syndrome [AIDS]; substance abuse; trauma)

2. Intrapartal period

- a. Assessment of fetal well-being (for example: fetal distress, external monitoring, internal monitoring, fetal pH testing)
- b. High-risk conditions (for example: dystocia, hemorrhage, hypertension, premature rupture of membranes, preterm labor, prolapsed cord, multiple birth, infection, hydramnios, ruptured uterus, fetal malpresentation)

3. Postpartal period

- a. High-risk conditions (for example: hemorrhage; hypertension; infection; preexisting health problems; emotional problems, including grief and bereavement; uterine atony; uterine inversion; disseminated intravascular coagulation [DIC]; hemolysis, elevated liver enzymes, and low platelet count [HELLP] syndrome)
- b. Anticipatory guidance (for example: breast-feeding of the high-risk neonate, use of community resources, implications of high-risk status for future pregnancies)

**B. The family with a high-risk neonate**

1. Biophysical changes (for example: complete physical assessment, including neurological status and gestational age; maladaptive body system responses; screening and diagnostic tests; effect of maternal conditions)
2. High-risk conditions (for example: very low birth weight [VLBW], intrauterine growth retardation [IUGR], preterm, postterm, HIV, maternal substance abuse, hypoglycemia, thermoregulation, sepsis, respiratory distress syndrome [RDS], apnea, necrotizing enterocolitis [NEC], bronchopulmonary dysplasia, retinopathy of prematurity, hyperbilirubinemia)

3. Anticipatory guidance (for example: orientation to neonatal intensive care unit, care and feeding of the high-risk infant, vulnerable child syndrome, passive skin-to-skin contact [kangaroo care], promotion of parent-infant attachment, use of community resources)

## **IV. Nursing Management of the Well Child and Family (20%)**

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**A. The infant**

1. Growth and development (for example: physical, cognitive, psychosocial)
2. Nutritional needs (for example: recommended daily allowances, introduction of solid foods, weaning, sociocultural influences on diet)
3. Health promotion (for example: developmental screening, vision and hearing screening, immunizations, fluoride supplements, iron supplements)
4. Common health problems (for example: colic, fever, diarrhea, food intolerances, eczema, gastroesophageal reflux, apnea)
5. Anticipatory guidance for parents (for example: teething, sleeping patterns, sensory stimulation, speech development, prevention of nursing caries, safety, prevention of shaken baby syndrome, selection of day care)

**B. The toddler**

1. Growth and development (for example: physical, cognitive, psychosocial, moral, social)
2. Nutritional needs (for example: recommended daily allowances, physiologic anorexia, self-feeding, serving size, finger foods)
3. Health promotion (for example: screening for lead levels and anemias, vision and hearing screening, dental care, developmental screening, immunizations)

4. Common health problems (for example: anemia, upper respiratory infections, ear infections, parasitic infections, poisonings)
5. Anticipatory guidance for parents (for example: play, discipline and limit setting, temper tantrums, toilet training, speech development, safety, prevention of child abuse)

### **C. The preschooler**

1. Growth and development (for example: physical, cognitive, psychosocial, moral, social)
2. Nutritional needs (for example: recommended daily allowances, ritualistic food behaviors)
3. Health promotion (for example: vision and hearing screening, developmental screening, immunizations)
4. Common health problems (for example: communicable diseases, tonsillitis [tonsillectomy, adenoidectomy], speech problems, strabismus)
5. Anticipatory guidance for parents and child (for example: play, sibling rivalry, masturbation, safety, child maltreatment, implication of day care for child)

### **D. The school-age child**

1. Growth and development (for example: physical, cognitive, psychosocial, moral, social, self-esteem)
2. Nutritional needs (for example: recommended daily allowances, nutritional habits)
3. Health promotion (for example: vision and hearing screening, dental care, developmental screening, scoliosis screening, encouraging good health habits)

4. Common health problems (for example: communicable diseases, minor accidents, obesity, enuresis, bites and stings, allergies, school phobia)
5. Anticipatory guidance for parents and child (for example: safety; substance abuse; dishonest behavior; children who care for themselves after school; monitoring activities, including television viewing; injury prevention; early recognition of depression)

### **E. The adolescent**

1. Growth and development (for example: physical, cognitive, psychosocial, moral, social, self-esteem)
2. Nutritional needs (for example: recommended daily allowances; eating habits, including snacking and irregular mealtimes; peer influences)
3. Health promotion (for example: vision and hearing screening, dental care, scoliosis screening, breast self-examination [BSE] or testicular self-examination [TSE], immunizations)
4. Common health problems (for example: acne, obesity, male and female reproductive system alterations)
5. Anticipatory guidance for parents and child (for example: peer and family relationships; risk-taking behaviors; substance abuse; sex education, including sexually transmitted diseases [STDs], contraceptive measures, AIDS awareness; motor vehicle safety)

## **V. Nursing Management of the Ill Child and Family (25%)**

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This area focuses on nursing responsibilities related to pain management, therapeutic play, medication administration, fluid and electrolyte balance, safety, reaction to hospitalization and illness, legal and ethical issues, preparation for home care, and schooling.

### **A. The infant**

1. Major health problems (for example: cleft lip, cleft palate, pyloric stenosis, esophageal atresia, gastroenteritis, bronchiolitis, developmental dysplasia of the hip, clubfoot, Hirschsprung's disease, hydrocephalus, myelodysplasias, genetic disorders, congenital heart disease, nonorganic failure to thrive, HIV, AIDS, sepsis)
2. Family and infant's response to health problems (for example: coping mechanisms, coping with sudden infant death syndrome [SIDS], caring for the technology-dependent infant, attachment disorders)

### **B. The toddler**

1. Major health problems (for example: foreign body aspiration; sickle cell disease; nephrotic syndrome; cystic fibrosis; cerebral palsy; meningitis; accidents, such as burns and poisoning; croup; seizures; Kawasaki disease; lead poisoning; celiac disease; autism; abuse)
2. Family and child's response to health problems (for example: chronic illness, fears of bodily injury and harm)

### **C. The preschooler**

1. Major health problems (for example: hearing and vision problems, acute glomerulonephritis, neoplastic disease, pneumonia, Wilms' tumor, developmental delays, child with special needs, epiglottitis, acute appendicitis)
2. Family and child's response to health problems (for example: reaction to developmental delays or terminal illness, magical thinking)

### **D. The school-age child**

1. Major health problems (for example: diabetes mellitus, hemophilia, epilepsy, asthma, acute rheumatic fever, multiple trauma, learning disabilities, attention-deficit hyperactivity disorder, Reye's syndrome, Lyme disease, child with special needs, juvenile rheumatoid arthritis)
2. Family and child's response to health problems (for example: coping mechanisms, self-care)

### **E. The adolescent**

1. Major health problems (for example: suicide; sexually transmitted diseases; pelvic inflammatory disease [PID]; papilloma; scoliosis; sports injuries; Osgood-Schlatter disease; mononucleosis; hepatitis; substance abuse; eating disorders; pregnancy; immunological disorders, including lupus; osteosarcomas; ulcerative colitis; Guillain-Barré syndrome)
2. Family and child's response to health problems (for example: coping mechanisms, self-care)

# Sample Questions

The questions that follow illustrate those typically found on this examination. These sample questions are included to familiarize you with the type of questions you will find on the examination. The answers can be found on the inside back cover of this guide.

1. Which client statement is typical of a member in a newly formed blended family?
  - 1) "My relationships with family members are about the same."
  - 2) "I've had to develop new ways of functioning in my new family."
  - 3) "Few additional decisions have been necessary with the new family structure."
  - 4) "Having more family members has decreased my stress."
2. A client who is expecting her first baby asks the nurse to explain why there is fluid surrounding the baby during pregnancy. Which client statement indicates understanding of the nurse's teaching related to the purposes of amniotic fluid?

The fluid

  - 1) ensures a safe delivery.
  - 2) keeps the baby's lungs open.
  - 3) provides a cushion to protect the baby.
  - 4) helps keep the baby's heartbeat regular.
3. Which instruction should be included in a teaching plan regarding preconception health measures?
  - 1) The couple should maintain their current lifestyle and daily activities.
  - 2) The woman should use appetite suppressants to achieve an ideal weight for her body build and height.
  - 3) The couple should plan genetic counseling if they are over the age of 25.
  - 4) The couple should determine if they are exposed to any environmental hazards in their work or community.
4. A client at 16 weeks gestation has gained 12 pounds during the pregnancy. The client says that she is too fat. Which is the most appropriate nursing intervention?
  - 1) Explain that the fetus will require most of the client's caloric intake.
  - 2) Refer the client to a nutritionist for information on low-calorie foods.
  - 3) Assess the client's knowledge of weight gain and nutrition in pregnancy.
  - 4) Provide the client with pamphlets on weight control in pregnancy.
5. A pregnant client is making her first antepartum visit. Which assessment approach will provide the nurse with the most useful information about the client's nutrition?
  - 1) Request the client to bring a one-week dietary account with her to the next visit.
  - 2) Have the client complete a nutritional questionnaire during the visit.
  - 3) Discuss the client's diet in the past 24 hours and typical dietary patterns.
  - 4) Ask the client to describe her family's nutritional patterns.
6. A new mother who is breast-feeding is diagnosed with nonpurulent mastitis. Which instruction should the nurse give to the mother concerning breast-feeding?
  - 1) Continue to breast-feed if the discomfort is tolerable.
  - 2) Stop breast-feeding at once because of the risk of cross-infection.
  - 3) Only give the baby milk that has been mechanically expressed.
  - 4) Allow the baby to nurse longer because the increased vessel dilatation facilitates healing.

7. A client in the second stage of labor says that her water has broken. Which action should the nurse implement first?
- 1) Perform a Nitrazine paper test.
  - 2) Assess the fetal heart rate.
  - 3) Change the wet bed linens.
  - 4) Chart the assessment data.
8. In assessing a term neonate immediately after birth, the nurse finds that the anterior fontanelle is soft and pulsates with each heartbeat. Which action should the nurse take?
- 1) Observe the fontanelle for color changes.
  - 2) Consult with the physician immediately.
  - 3) Check for signs of increased intracranial pressure.
  - 4) Do nothing since this is a normal finding.
9. What should the nurse teach new parents about caring for the umbilical cord?
- 1) Call the health care provider when the cord falls off.
  - 2) Cover the cord area snugly with the diaper.
  - 3) Wipe the cord area with alcohol two or three times a day.
  - 4) Give tub baths to ensure adequate cleansing of the cord area.
10. A nonstress test is performed to assess fetal well-being in a pregnant client. Which test result would indicate a healthy fetus?
- 1) one or two fetal movements in an hour
  - 2) acceleration of the fetal heart rate when the fetus moves
  - 3) deceleration of the fetal heart rate when the uterus contracts
  - 4) no variability in the fetal heart rate during uterine contractions
11. A gravida 5, para 4 client at 34 weeks of gestation comes to the emergency department with painless vaginal bleeding. Why is a vaginal examination contraindicated for this client?
- A vaginal examination may
- 1) tear a low-lying placenta.
  - 2) stimulate Braxton Hicks contractions.
  - 3) introduce an infection into the birth canal.
  - 4) cause premature rupture of the membranes.
12. A multipara in labor is receiving oxytocin (Pitocin) IV. She is 4 cm dilated and the baby is at station -2. External fetal heart and uterine contraction monitors are being used. The nurse notes several variable decelerations on the strip. What is the appropriate nursing intervention?
- 1) Administer IV analgesia.
  - 2) Ambulate the client.
  - 3) Change the client's position.
  - 4) Increase the Pitocin infusion.
13. Which finding should the nurse expect when assessing a neonate who is large for gestational age?
- 1) birth weight at the 90th percentile
  - 2) Epstein's pearls
  - 3) head circumference at the 75th percentile
  - 4) skin desquamation
14. The nurse is providing anticipatory guidance about engorgement to a new mother who is breast-feeding. The nurse should include which instruction?
- 1) Restrict maternal fluid intake.
  - 2) Obtain medical intervention since an infection may have occurred.
  - 3) Breast-feed less frequently during the time the breasts are engorged.
  - 4) Express some milk prior to breast-feeding to facilitate the baby's ability to latch on.

15. The nurse is planning to teach new mothers in a well-baby clinic about immunizations for their infants. Which information is most important for the nurse to include?

- 1) the reason for spacing the immunizations over time
- 2) the controversies concerning risks and benefits of immunizations
- 3) the necessity of adhering to a schedule for immunizations during the first five years of life
- 4) the legal requirement that all school-age children be immunized

16. Which behavioral manifestation in an eight-month-old infant should lead the nurse to suspect bilateral acute otitis media?

- 1) rolling the head from side to side
- 2) scratching the cheeks
- 3) feeding voraciously
- 4) sucking on the fingers

17. Which suggestion by the nurse would be most helpful to parents who complain about their four-year-old child's ritualistic food behavior?

- 1) Avoid unfamiliar foods.
- 2) Eliminate between-meal snacks.
- 3) Involve the child in the preparation of food.
- 4) Promote mealtimes as a social activity.

18. The parents of a child who has chickenpox ask when their child can return to school. The nurse's reply should be based on which information?

Communicability ends when

- 1) the first lesion appears.
- 2) the fever subsides.
- 3) all the lesions have disappeared.
- 4) all the lesions have crusted.

19. The chances that an adolescent with obesity will adhere to a weight reduction diet will most likely be increased if the nurse does which of the following?

The nurse

- 1) models good eating habits for the adolescent.
- 2) discusses ways to incorporate favorite foods into the adolescent's meals.
- 3) refers the adolescent for nutrition counseling.
- 4) reviews the food pyramid and healthy eating habits with the adolescent.

20. The nurse teaches the parents of an infant with congestive heart failure the correct procedure for administering digoxin. Which client statement indicates that the nurse's teaching was effective?

- 1) "If we miss a dose, we'll give the next dose as soon as possible."
- 2) "If the baby vomits after taking digoxin, we'll give a second dose."
- 3) "If the baby doesn't like the digoxin, we'll mix it in his bottle."
- 4) "We'll plan to give the digoxin one hour before or two hours after meals."

21. Which diagnostic sign should the nurse expect to find in a toddler at the beginning of the acute phase of Kawasaki disease?

- 1) abrupt onset of high fever that responds to antibiotics
- 2) oropharyngeal reddening or "strawberry" tongue
- 3) a vesicular systemic rash, accentuated in the perineum
- 4) increased irritability and inconsolableness

22. A child who has lead poisoning is undergoing chelation therapy. Which nursing intervention is of primary importance?

- 1) Record intake and output accurately.
- 2) Locally apply warm soaks to the injection sites.
- 3) Apply a local anesthetic prior to administering injections.
- 4) Monitor vital signs every eight hours.

23. In the initial assessment of a child with glomerulonephritis, the nurse should expect which findings?

- 1) hematuria and petechiae
- 2) hypertension and proteinuria
- 3) flank pain and fever
- 4) oliguria and glycosuria

24. The nurse is evaluating the response of a child with asthma to asthma therapy. Which signs will appear first if the child's condition is improving?

- 1) increased abdominal skin turgor and shallow respirations
- 2) increased blood flow to the nail beds and lips
- 3) decreased pulse and blood pressure
- 4) decreased rhonchi and wheezes

25. Which behavior places an adolescent at risk for Osgood-Schlatter disease?

- 1) repetitive jumping
- 2) substance abuse
- 3) sexual activity
- 4) automobile driving

# Learning Resources for this Exam

The study materials listed below are recommended by Excelsior College as the most appropriate resources to help you study for the examination. For information on ordering from the Excelsior College Bookstore, see p. 2. You may also find resource materials in the libraries of colleges, schools of nursing, medical schools, and hospitals. Public libraries may have some of the textbooks or may be able to obtain them through an interlibrary loan program.

You should allow sufficient time to obtain resources and to study before taking the exam.

## Recommended Resources

The examination development committee recommends that you obtain both of the resources listed below:

Olds, S., London, M., & Ladewig, P.W. (1996). *Maternal newborn nursing: A family-centered approach* (5th ed.). Menlo Park: Addison-Wesley.

This text covers theoretical and therapeutic nursing foundations in the care of the childbearing woman and her family. It provides broad coverage of family needs within the context of normal as well as abnormal adaptation. Critical thinking scenarios provide practice with decision-making criteria in commonly occurring practice situations. Key terms and points are highlighted throughout the text. A workbook that provides review exercises is available.

**AND**

Wong, D. (1999). *Whaley & Wong's Nursing care of infants and children* (6th ed.). St. Louis: Mosby.

This text covers theoretical and therapeutic interventions for the child within the context of normal growth and development and family interaction, as well as deviations from normal system functioning. The text provides broad coverage of individual, family, and community influences on health/illness states. Key terms are highlighted throughout the text. A study guide for student use is available.

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# Notes

# Notes

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### Key To Sample Questions

Question	Key	Content Area <sup>1</sup>	Question	Key	Content Area <sup>1</sup>
1	2	IA	14	4	IIIC
2	3	ID	15	3	IVA
3	4	IF	16	1	IVB
4	3	IIA	17	3	IVC
5	3	IIA	18	4	IVD
6	1	IIB	19	2	IVE
7	2	IIB	20	4	VA
8	4	IID	21	2	VB
9	3	IID	22	1	VB
10	2	IIIA	23	2	VC
11	1	IIIA	24	4	VD
12	3	IIIA	25	1	VE
13	1	IIIB			

<sup>1</sup>Content Area refers to the location of the question topic in the content outline.

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American Dream† . . . . .	6*	Differences in Nursing Care: Area B①. . . . .	5
Anatomy & Physiology† . . . . .	6	Differences in Nursing Care: Area C②. . . . .	5
English Composition†. . . . .	6	Fundamentals of Nursing** . . . . .	8
Ethics: Theory & Practice† . . . . .	3*	Maternal & Child Nursing (associate)** . . . . .	6
Foundations of Gerontology . . . . .	3*	Maternity Nursing** . . . . .	3
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Pathophysiology . . . . .	3*		
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† Guided Learning Packages are available for these exams. △ Indicates lower-level college credit for Business Program,  
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